Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Oliver Plunkett Community Unit
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	03 January 2019
Centre ID:	OSV-0000539
Fieldwork ID:	MON-0021255

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Oliver Plunkett Community Unit is a ground floor building comprising of a day hospital and a nursing home. It is located onsite and to the rear of Louth County Hospital on the outskirts of the town of Dundalk. The centre has undergone extensive refurbishment in recent years that has resulted in a variety of private and communal facilities for residents and a number of secure outdoor areas. Central facilities include a church, lounge, reception area, main kitchen where prepared food is delivered to, offices and storage rooms. Residents also have use of the day services and activities provided in the adjoining day hospital.
A total of 63 residents can accommodated in the residential centre that has two distinct units, St. Cecilias that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that accommodates up to 19 residents. Residents' bedroom accommodation consists of a mixture of single and twin bedrooms. Some have en-suite facilities and others share communal facilities.
The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions. It encourages individual choice and active participation with the involvement of family and friends in a homely atmosphere where people are valued.
A vision of being open to new ideas and ways of working to ensure effective communication and teamwork to develop and provide safe person centred care is outlined.
Services provided include respite, day care, dementia care, extended care and interim funding initiative beds.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
03 January 2019	09:15hrs to 18:00hrs	Sonia McCague	Lead

Views of people who use the service

Residents were positive with regard to the control they had in their daily lives and the choices that they could make.

Residents told the inspector about their daily routines, activity plans and interactions with the community. They commended the entertainment provided, parties facilitated and fun experienced over the recent Christmas period.

All of the residents expressed satisfaction regarding food and mealtimes. In particular, residents were happy with the support and assistance provided by staff and management and felt safe and secure in the centre.

Residents and relatives who communicated with the inspector were aware of the complaints process and identified the person with whom they would communicate with if they had an issue of concern. All were complimentary of the service, staff and facilities.

Capacity and capability

Overall, this centre provides a good and valued service to residents accommodated on a long and short term basis, but some improvements were required to ensure its sustainability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended).

Since the previous inspection in July 2017 the centre had completed an application to renew its registration for 63 residents. However, the inspector was informed that it has been unable to operate at full capacity of 63 residents due to staff shortages. This was also reflected within the active risk register and had been identified as entered in May 2016. The governance and control of this on-going identified risk related to staff recruitment and replacement that had been challenging and protracted. As a result of delayed staff recruitment and replacement the provision of staff resources for up to 60 residents was heavily reliant on the availability of suitable staff from an external provider (agency staff) to ensure the delivery of care was in accordance with the statement of purpose.

On the day of the inspection there were 58 residents being accommodated, 56 onsite and two were in hospital. Residents occupied two distinct units- St. Cecilias that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that

accommodates up to 19 residents. While there were adequate staff numbers and skill mix during this inspection, deficiencies between the planned and actual staff roster existed resulting in a depletion in the determined skill mix and staff numbers required to meet the assessed needs of residents. in addition, a high percentage (71%) of care attendant staff working in the 44 bedded unit during this inspection were contracted from an external provider (agency staff). A review and improvement in workforce planning and provision was required to ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

There was a written statement of purpose that had been updated in June 2018 and since the change in management. It described the service that was provided in the centre. The services and facilities outlined within the Statement of Purpose, and the manner in which care was to be provided, was outlined. The updated version of the Statement of Purpose is to be submitted to the Office of the Chief Inspector registration department by the person in charge, as agreed.

Changes to the person in charge and deputy had occurred since the previous inspection and since the application to renew the registration of the centre was granted. Notifications to the office of the Chief Inspector were received as required. There was a clearly defined and experienced management structure that identified the lines of authority and accountability. The quality of care, experience of the residents and appraisal of staff was monitored and developed on an on-going basis by management.

Effective audit, monitoring and review systems were in place to promote the delivery of safe, quality care services. Resident outcomes were evaluated and satisfaction surveys were completed and to be incorporated within the pending annual review.

Risk management and assurance frameworks were in place and a record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector and to the provider for investigation or follow up.

Records described in 3 and 4 of the Regulations were available and were stored securely. Staff had good access to mandatory and relevant training. They were sufficiently knowledgeable regarding operational policies and residents care plans. However, some gaps in staff training were identified. For example, on the day of inspection staff had not completed relevant training for the role and responsibilities they were performing. This was mainly attributable to the various roles and functions of multi-task attendants who rotated between caring, catering and activity provision depending on the service needs and staff absenteeism.

Notifications were maintained and submitted as required. The directory of residents was up to date and a current insurance policy was in place.

Schedule 5 and relevant policies and procedures were available. Many policies were implemented in full in the practices examined but some last updated or approved in 2015 required review.

Improvements required following the previous inspection July 2017 were addressed.

Registration Regulation 4: Application for registration or renewal of registration

A complete application to renew the registration of this centre was processed since the previous inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Judgment: Compliant

Regulation 15: Staffing

The person in charge, statement of purpose and staff roster confirmed that a nurse was on duty at all times.

There was adequate staff numbers and skill mix during this inspection. However, deficiencies between the planned and actual staff roster existed resulting in a depletion of the determined skill mix and staff numbers required. In addition, on the day of inspection the centre had a high rate of agency staff on duty. For example, 71% of care attendant staff working within the 44 bedded unit were contracted from an external provider (agency).

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had good access to mandatory training and to education and information to meet the needs of residents. Staff members were sufficiently knowledgeable regarding operational policies and residents care plans. However, some gaps in staff training were identified. For example, on the day of inspection staff had not completed relevant training for the role and responsibilities they were performing. This was mainly attributable to the various roles and functions of

multi-task attendants who rotated between caring, catering and activity provision depending on the service needs and staff absenteeism.

Arrangements were in place to induct and supervise staff. The person in charge confirmed that management appraised all staff on a regular and appropriate basis,

Judgment: Substantially compliant

Regulation 19: Directory of residents

The established directory of residents did not provide a complete view of all schedule 3 (3) requirements, however the complete and required information was electronically maintained, available and had been updated accordingly. Plans to implement a new electronic recording system were underway and the person in charge was to consider if this system could collate a complete directory of residents in one view.

Judgment: Compliant

Regulation 21: Records

Records were held securely and maintained in hard and soft formats within the designated centre.

Relevant and useful information for residents, visitors and staff was on display throughout the centre. A record of visitors was maintained and entry and exit was monitored.

Information about the complaints procedure, advocacy service, forums and and support groups were displayed in both units and the registration certificate was visible in the main reception area

Records in respect of each resident and otherwise such as food safety, fire safety, accidents, restraint use and general records described in Schedules 3 and 4 of the Regulations were also available and those inspected were maintained accordingly.

Staff rosters, training records and reports were available and reviewed. Staff personnel files and resident finances were not reviewed on this inspection.

Judgment: Compliant

Regulation 22: Insurance

A current contract of insurance was available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The quality of care and experience of the residents was monitored and developed on an ongoing basis.

Effective audit management and review systems were in place to promote the delivery of safe, quality care services. Risk management and assurance frameworks were in place, however, the governance and control of ongoing identified risks such as staff recruitment and replacement has been challenging and protracted.

The sufficiency of staff resources to ensure the effective delivery of care in accordance with the statement of purpose was and is heavily reliant on the availability of suitable staff resources from an external provider (agency staff).

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose available in the centre that described the service being provided. It had been reviewed within the previous year.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents and events were submitted to the Office of the Chief Inspector, as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies, corporate policies and local procedures were available, however, some had not been reviewed at intervals not exceeding three years.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

In 2018, the registered provider representative gave notice in writing to the Chief Inspector of the absence of the person in charge that included details of the procedures and arrangements that were in place for the management of the designated centre during that absence.

Judgment: Compliant

Quality and safety

Residents' healthcare needs were met through timely access to medical treatment and good access to allied healthcare services. The social care needs of residents were met and residents felt safe in the centre but some improvements were required to ensure care plans were updated and renewed following changes in needs and interventions recommended or agreed. This was particularly emphasised due to the change and outsourcing of staff required to deliver or support direct care to residents.

Residents were protected through the implementation of policies and procedures regarding the management of medicines and by addressing the action required from the previous inspection. The prescription records reviewed were complete with individual instructions for crushing and maximum dose and frequency.

Residents were provided with support that promoted a positive approach to responsive behaviour. A restraint-free environment was promoted in line with National Guidance and best practice. A variety of alternatives to bedrails were available and trialled in advance. Assessments and care plans in this regard were subject to regular review to inform the restraint register seen maintained.

Residents confirmed that they had been consulted with in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice and were able to develop and maintain personal relationships with family and friends in accordance with their wishes.

Visitors were welcomed and encouraged to participate in residents' lives.

The design and layout of the residential service was suitable for its stated purpose. All areas in the premise met the privacy, dignity and well-being of each resident's assessed needs. Additional signage and signposting was completed since the previous inspection along with attractive and diversion artistic decorative features.

The residential service had policies, procedures and arrangements in place to manage risk and protect residents from the risk of harm. The risk register identified the measures implemented to reduce or minimise the risks identified and a subsequent date to review the controls was in place. The Inspector observed good infection control practices and hand hygiene implemented by staff during the course of the inspection.

Satisfactory fire safety precautions and arrangements were in place. Suitable fire equipment was provided and there was adequate means of escape with fire exits unobstructed. There were prominently displayed procedures for the safe evacuation of residents and staff in the event of fire. Personal evacuation plans were maintained and updated for each resident. Staff and records confirmed they were trained in fire safety and those spoken with knew what to do in the event of a fire. Six fire drills had been completed in 2018 simulating day and night scenarios, detailing attendance, findings and time required to complete.

The fire alarm was serviced on four occasions in 2018 and all other fire safety equipment was serviced on an annual basis. Management, certificates and records confirmed this.

Regulation 11: Visits

There are arrangements in place for each resident to receive visitors in private or within communal areas.

Judgment: Compliant

Regulation 17: Premises

The premises and grounds were accessible and well-maintained with suitable heating, lighting and ventilation. The centre is homely with sufficient furnishings, fixtures and fittings. The matters arising from the previous inspection in relation to additional and appropriate signage had been addressed with further improvements planned.

Judgment: Compliant

Regulation 26: Risk management

The centre has policies and procedures relating to health and safety. A risk management policy was available and a risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated periodically and as required.

Arrangements for investigating and learning from serious incidents/adverse events involving residents formed part of the risk management processes and policy.

Judgment: Compliant

Regulation 27: Infection control

Satisfactory procedures were in place for the prevention and control of infection. The centre was clean and well maintained. Risks associated with infection control measures were identified and monitored accordingly.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire precautions, safety and emergency equipment and adequate means of escape was provided. The fire alarm was serviced on a quarterly basis and fire safety equipment is serviced on an annual basis.

Fire exits were unobstructed and procedures and directions for the safe evacuation of residents and staff in the event of fire were prominently displayed.

Staff were trained and knew what to do in the event of a fire. Fire records were kept which include details of fire drills, fire alarm tests and fire fighting equipment. Staff confirmed their attendance at training and participation in simulated drills carried out within the previous year.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The matters arising in the previous inspection were followed up and found to have been addressed satisfactorily. Medicinal products were recorded and administered in accordance with the directions of the prescriber and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were reviewed. While some care plans were detailed, reviewed regularly and individualised to the resident's current needs, others did not adequately reflect the current status of the resident and changes that had occurred had not prompted a revision of all relevant care plans.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents were provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment was promoted and a register of restraint usage was maintained and subject to regular reviews.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for St Oliver Plunkett Community Unit OSV-0000539

Inspection ID: MON-0021255

Date of inspection: 03/01/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • All staff vacancies are processed and sent to senior management for approval to paybill. There is on-going communication with the General Manager regarding relevant recruitment to enhance current governance structures. • 3 Nursing vacancies have been approved and are with NRS for recruitment. • Email received on 4/1/2019 indicated 3 vacancies have been offered to panel candidates • Follow up with NRS by PIC on 17/01/2019 resulted in positions being offered to a wider panel of candidates. • PIC will continue to follow up recruitment process and review expressions of interest • 3 MTA vacancies have been approved and forwarded to NRS. PIC to follow up with Transfer requests, NRS and Regional panel • Day to day unplanned vacancies are managed through the HSE Agency Framework. Overtime may be offered or the roster is revised to reflect the unplanned vacancy based on need. • The PIC ensures continuity of staff contracted from external provider in order to maintain consistent standard of care for Residents. • The PIC continues to follow HSE Attendance management policy with the aim of reducing absenteeism.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

• HACCP training has commenced for all relevant staff and this training will be completed by 1st March 2019.
• Training needs of staff continue to be reviewed by the Person in Charge with the provision of training given as required.
• Staff performance is monitored on a daily basis by Department Managers as part of their role. If issues require escalating, nursing admin are informed, they follow HSE policy in relation to staff management. All department managers have attended people management training courses.
• Staff appraisals are carried out by department managers.
• A staff training needs analysis for non mandatory training is performed by nursing administration on an annual basis. Once analysis is complete and it meets service needs, the Director of Nursing organises training on a full range of accredited courses. These courses are available through the centre of Nursing and Midwifery Education or staff may also access approved training courses via HSE land website.
• Staff providing activities are supervised by the nurse in charge to ensure residents are supported and facilitated to engage in activities. Records of all activities provided and participation by residents are maintained.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• PIC reviews staffing issues with senior management at monthly meetings.
• Clinical and service performance audits are performed monthly or three monthly which includes falls, restraints and medication management.
• Risk assessments are carried out by staff as required and forwarded to Nursing Administration for actioning or for escalation to senior management.
• Specific problems encountered with the recruitment process are identified and escalated to the HR manager.
• Recruitment plans continue as outlined under Regulation 15 above
• Staffing issues remain on the local Risk Register.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• A review of all policies will be completed by 28th Feb 2019.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• Care plans identified on the day of inspection have been revised to account for changes which occurred and now comprehensively reflect the Residents current status

• All residents undergo an individual nursing assessment on admission to the unit. This fully comprehensive nursing assessment is completed within 48hours of admission with the resident and/or their nominated carer taking into account their wishes and their preferences.

• A full audit of all care plans was completed in January 2019 which will inform staff of the residents care needs. The resident and/or carer have signed off on each goal relating to the residents care needs.

• The auditing of assessment tools and care plans remain a priority and are monitored by the Person in charge.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/03/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of	Substantially Compliant	Yellow	30/04/2019

	purpose.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/03/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/01/2019